

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 1210141

Water Right Permit No. _____

(1) OWNER: Name Brook Elizabeth Williamson Address 5017 S. Bayview Rd. Langley Wa 98260

(2) LOCATION OF WELL: County Island NE 1/4 SE 1/4 Sec 5 T. 29 N., R. 3 E. W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) _____

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled _____ feet. Depth of completed well _____ ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 * Diam. from +1 ft. to 145 ft.
Welded ☐ * Diam. from _____ ft. to _____ ft.
Liner installed ☐ * Diam. from _____ ft. to _____ ft.
Threaded ☐ * Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☐

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson

Type Stainless Model No. _____
Diam. 5 Slot size 8 from 145 ft. to 150 ft.
Diam. 5 Slot size 10 from 150 ft. to 155 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
Material used in seal Benlate

Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P.

(8) WATER LEVELS: Land-surface elevation 200 ft.
Static level 131 ft. below top of well Date _____
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Bailer test 7 gal./min. with 10 ft. drawdown after 4 hrs.
Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Top soil	0	1
Sand Gravel - some clay	1	22
Sand Gravel	22	133
Fine sand W.B.	133	155

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ISL. CTY. HEALTH DEPT.

Work started 8-5, 19. Completed 9-23, 1993

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Johnson Well Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address PO Box 152 Lopez 42 98261

(Signed) J. Johnson License No. 1530
(WELL DRILLER)

Contractor's Registration No. JOHNSWD084N4 Date 9-1, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)